

Venereal Disease Among Puerto Ricans in New York City

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FOLLOWING World War II, thousands of Puerto Ricans migrated to the continental United States seeking better economic conditions than were available to them in Puerto Rico. The greatest number of these migrants settled in New York City. About 246,000, or approximately 82 percent of all the Puerto Ricans in the continental United States and 3.1 percent of the city's total population, were located there, according to the 1950 census. As a result of further in-migration and births, these figures have increased to an estimated 500,000—6.2 percent of the total population of New York City. Estimates recently published by the department of city planning indicate that by 1970 Puerto Ricans in New York City may number 1,160,000, or about 13.5 percent of the city's population (1, 2). However, this estimate may have to be revised downward if the 1953 decrease in migration, resulting from increased industrialization in Puerto Rico, is maintained.

From the point of view of the division of social hygiene of the New York City Health Department, it seemed worth while to examine

whatever data were available which could give information regarding the prevalence of syphilis in this large and growing group. This paper is based upon the following reports:

1. Results of the 1953 mass blood testing survey in New York City.
2. Results of blood testing in the Puerto Rican project of the division of social hygiene, New York City Department of Health.
3. A sample study of the statistics of the New York City Health Department social hygiene clinics for the last quarter of 1954.
4. The total venereal disease case reports for the city as a whole for the period January 1–December 31, 1954.

Puerto Ricans are defined as those individuals who were born in Puerto Rico or whose mothers were born there. By this definition, all persons at the Puerto Rican blood testing project of the health department were Puerto Ricans. In the mass blood testing survey, each person was asked where he was born and where his mother was born. In both studies, the race of each person was recorded as white, Negro, or "other." The term "other" refers to dark-complexioned Puerto Ricans who could not be classified as either white or Negro.

The data obtained from the records of the social hygiene clinics and from the venereal disease case reports are far less specific or accurate than data from the records of the Puerto Rican blood testing project and the mass blood testing survey, and conclusions drawn from clinic or morbidity records are of questionable accuracy. Information on the birthplace of the patient or his parents is not requested by

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the social hygiene clinics or on the health department venereal disease report form, lest the erroneous impression be given that such information would have a bearing on the type of treatment received. In this connection, it cannot be stressed too strongly that at all health department installations the same treatment is given to all persons, regardless of race or national origin. Studies dealing with such mixed groups reveal information necessary for health authorities to prepare their programs.

Mass Blood Testing Survey

From May 4 through June 26, 1953, the New York City Health Department conducted a mass blood testing survey. A detailed report of the survey was presented by Dr. Samuel S. Frank at the 1954 Venereal Disease Control Seminar of the Department of Health, Education, and Welfare.

Only Puerto Ricans living in Manhattan will be considered in this report since over 60 percent of the Puerto Ricans in New York City and 89.3 percent of the Puerto Ricans tested live in the Borough of Manhattan. In the mass blood testing survey, 4,885 Puerto Rican born residents of Manhattan—3,870 white and 1,015 nonwhite—were tested for syphilis. The overall positivity rate was 9.6 percent for the 3,870 whites and 11.8 percent for the nonwhites. Using data from the 1950 census and from a study made by the research bureau of the Welfare and Health Council of New York City (3), it was concluded that about 6,238 Puerto Ricans over age 10 residing in three Manhattan health districts, namely, Central Harlem, East Har-

lem, and Riverside, had positive blood tests. Two-thirds (64.8 percent) of the Puerto Ricans in Manhattan live in these three districts. Since slightly more than 58 percent of the positive cases required antisyphilitic treatment, it was further concluded that, as of the time of the survey in 1953, about 3,600 Puerto Ricans over age 10 in these three health districts of Manhattan were in need of treatment.

No conclusions can be drawn about the 40 percent of the Puerto Ricans in New York City who lived outside of Manhattan since most of the persons tested in the survey lived in that borough. Likewise, no conclusions can be drawn for the 38,000 Puerto Ricans living in the four other health districts of Manhattan since too few persons in these health districts were tested.

Puerto Rican Project

In 1952, a selective blood testing project was set up by the New York City Health Department at the office of the migration division of the Puerto Rico Department of Labor. This office was opened in 1948 to help the new immigrants from Puerto Rico to adjust to a new environment, and it has been extremely helpful in finding jobs, in settling the many problems which result from language difficulties, and in cooperating with all Government and private agencies to promote the general welfare of the Puerto Rican in-migrant.

With the cooperation of the migration division, a clinic was set up in the local office of the Puerto Rican Department of Labor, where several hundred Puerto Ricans gather daily.

Table 1. Results of serologic examinations for syphilis at the Puerto Rican project of the division of social hygiene, New York City Department of Health

Results of examination	1952 ¹		1953		1954	
	Number	Percent	Number	Percent	Number	Percent
Total examined.....	1, 575	100. 0	2, 016	100. 0	1, 760	100. 0
Positive.....	115	7. 3	137	6. 8	113	6. 4
Previously unknown.....	104	6. 6	124	6. 2	95	5. 4
Doubtful.....	(²)	(²)	(²)	(²)	6	. 35

¹ June-December. ² No data available.

The clinic is staffed by a Spanish-speaking clerk and a health department physician. At intervals during the morning, the clerk speaks to the group in Spanish over a public address system on general health matters and mentions the fact that a health department physician is available to provide examination and advice. Those requesting a consultation are given a physical examination. At the same time, a blood specimen is drawn and sent to the serologic laboratory. Each patient is then referred to a district health center for a chest X-ray. When a blood test is positive or doubtful, the patient is referred to the nearest health department social hygiene clinic for a repeat blood test and evaluation. Treatment is given in the clinic if it is indicated.

Table 1 summarizes the results of blood testing this group of individuals from June 1952, when the project was started, through December 1954. During this period, 5,351 individuals were tested. Of these, 365 had positive blood tests—a positivity rate of 6.8 percent. Most of the group—323, or 6.0 percent of the total tested—were new cases, not previously known to the division of social hygiene. Over 50 percent had received treatment in Puerto Rico, but the type and adequacy of therapy is not known.

Table 2 summarizes, by age group, race, and sex, 111 cases of syphilis found through the Puerto Rican project during the period July 1954–January 1955. In this table, “other” refers to those patients who cannot be classified as either white or Negro. The race determination is, of course, quite arbitrary, and undoubtedly

the classifications vary greatly, depending on the judgment of the individual clerk. The number of individuals classified as “other” in this study, 38 percent of the entire group, is considerably higher than the 7.6 percent given by the Bureau of the Census.

The preponderance of males over females (81 to 30) probably reflects the fact that more males than females come to the United States from Puerto Rico and that more males than females seek employment at the migration office, so that a higher percentage of males were examined. The greatest number of cases of syphilis—63, or 56.7 percent, was found in the 20-year age period 15–34, reemphasizing the fact that syphilis is a disease of youth. Of course, it is true that the majority of Puerto Ricans who migrate to the continent are the younger people, so that most of the testing is done in this group.

As for the stage of syphilis, 111 of 910 patients examined during the period May 1954–January 1955 were diagnosed as syphilitic; 23 (20.7 percent) had early latent syphilis and 88 (79.3 percent) had late latent syphilis. No cases of primary or secondary syphilis were found.

Social Hygiene Clinics

A study was made of the total number of patients examined at the social hygiene clinics of the New York City Department of Health during the period October–December 1954 (table 3).

Altogether, 8,736 individuals were examined

Table 2. Cases of syphilis among Puerto Ricans examined in the Puerto Rican project, New York City Health Department, July 1954–January 1955, by age, sex, and race

Age group	All races			White			Nonwhite			Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	111	81	30	57	40	17	11	7	4	43	34	9
Under 15	13	11	2	9	7	2	1	1		3	3	
15–24	34	25	9	17	11	6	3	3		14	11	3
25–34	29	19	10	12	7	5	4	2	2	13	10	3
35–44	15	11	4	8	6	2	2		2	5	5	
45–54	16	11	5	9	7	2	1	1		6	3	3
55–64	2	2		1	1					1	1	
65 and over	2	2		1	1					1	1	

Table 3. Number and percentage of patients infected with venereal disease, in social hygiene clinics, New York City Health Department, October–December 1954

Disease	Total		White		Negro		Puerto Rican	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Examined.....	8, 736	100. 0	2, 210	100. 0	5, 360	100. 0	1, 166	100. 0
Infected.....	3, 662	41. 9	641	29. 0	2, 570	47. 9	451	38. 7
Syphilis.....	1, 181	13. 5	200	9. 0	721	13. 4	260	22. 3
Primary and secondary.....	64	. 7	29	1. 3	24	. 5	11	. 9
Early latent.....	204	2. 3	31	1. 4	110	2. 0	63	5. 4
Late and late latent.....	869	10. 0	134	6. 0	566	10. 5	169	14. 5
Congenital.....	44	. 5	6	. 3	21	. 4	17	1. 5
Gonorrhoea.....	2, 077	23. 8	321	14. 6	1, 607	30. 0	149	12. 8
Other venereal disease.....	404	4. 6	120	5. 4	242	4. 5	42	3. 6

during this period. Of these, 2,210 were recorded as white, 5,360 as Negro, and 1,166 as Puerto Rican. The race breakdown in the latter group was not recorded. As the table indicates, 1,181, or 13.5 percent of the total number examined, had syphilis. Sixty-one percent of this group were Negroes; the remainder were divided about equally between white (17 percent) and Puerto Ricans (22 percent). In the white group, 200 (9.0 percent) had syphilis, and in the Negro group, 721 (13.4 percent). In the Puerto Rican group, 260 were found to have syphilis. This was 22.3 percent of all the Puerto Ricans examined, almost 9 percent more than was found in the Negro group, a most surprising finding. This high percentage seems to be quite out of proportion to figures obtained from most sources.

There may be several explanations for this high rate of syphilis among Puerto Ricans. First of all, our clinic population is composed of persons with a high venereal disease rate. Over 60 percent of the total number examined sought consultation as a result of either contact investigation or the actual presence of symptoms of venereal infection. It is quite clear that we are not dealing here with the casual groups examined during blood testing surveys. Therefore, it is not surprising to find higher rates of infection among those applying for treatment in our clinics.

Another explanation of the high rate of infection with syphilis in the Puerto Rican group is that there were probably more Puerto Ricans examined than is indicated by the 1,166 figure.

In many instances, Puerto Ricans were not identified as such on the history charts. A sample of several hundred charts bore this out. A number of individuals with typical Puerto Rican names were recorded—quite correctly—as white or Negro, with no indication of their Puerto Rican origin. The number of such individuals in this study is not known. However, if even 500 noninfected individuals listed as white or Negro were Puerto Ricans, the syphilis rate in the Puerto Rican group would drop to about 16 percent. Suffice it to say, this 22.3 percent figure is probably too high.

Venereal Disease Case Reports

During 1954, 19,412 new cases of syphilis were reported in New York City, 6,363 in white patients, 9,726 in Negro patients, and 3,323 in "others." The exact character of the latter group is not known. Undoubtedly, many Puerto Ricans are so classified. As has already been pointed out, many Puerto Ricans may be classified as either white or Negro without any indication of their ethnic origin. It is clear, therefore, that no satisfactory conclusions can be drawn from morbidity statistics. Information from surveys is unquestionably more reliable.

Summary

1. Data on syphilis infection among Puerto Ricans in New York City taken from the 1953 mass blood testing survey, the Puerto Rican

project, the social hygiene clinics of the New York City Health Department, and the New York City venereal disease morbidity reports for 1954 are presented.

2. The percentages of syphilis infections in Puerto Ricans residing in New York City as recorded in these studies varied considerably and are as follows:

<i>Study</i>	<i>Percent infected</i>
Mass blood testing survey, 1953:	
White-----	9.6
Negro-----	11.8
Puerto Rican project, July-----	6.8
Social hygiene clinics, October-December 1954--	22.3

3. Some of the possible reasons for the differences in these rates are indicated. The most important appears to be that not all Puerto Ricans are designated as such in the venereal

disease case reports and on the records of the social hygiene clinics. Many are classified by race only and are not included in vital statistics for Puerto Ricans.

4. The data considered most reliable were derived from the Puerto Rican project, in which the syphilis infection rate was 6.8 percent.

REFERENCES

- (1) New York City Department of City Planning: Population changes in New York City. New York, N. Y., The Department, 1954, 6 pp.
- (2) Jaffe, A. J.: Puerto Rican population of New York City. New York, N. Y., Columbia University Press, 61 pp.
- (3) New York City Welfare and Health Council: Population of Puerto Rican birth in New York City: 1950. New York, N. Y., The Council, 1952, 57 pp.

Vaccination Certificates

Complete information and proper authentication are the two requisites for validating certificates of vaccination. The former is the province of the physician; the latter that of the health officer, State or local.

The vaccinating physician can help speed up processing persons for travel abroad by using the International Certificate of Vaccination form on which to record complete immunization data and by instructing the prospective traveler to have the certificate authenticated by the health officer. This form is given with the passport application. If the person is traveling on a tourist card, he may obtain his certificate from the local health department or purchase it from the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 5 cents a copy. Most travel agencies and automobile clubs also have the certificate.

A health officer's stamp on the certificate is required by international agreement for the purpose of attesting to the fact that the immunizing physician is a practicing physician within the area. This simple expedient reduces the possibility of fraudulent certificates being used.

If the health officer does not have an official stamp or seal, the Public Health Service suggests that he have a stamp made. The stamp should include the term "health officer" and the name and address of the health department.